



ERIE COUNTY

REQUEST FOR PROPOSAL (RFP)

TO PROVIDE COMMUNITY

REINTEGRATION SERVICES FOR LONG

STAY BUFFALO PSYCHIATRIC CENTER

PATIENTS

RFP # 1622VF

5/20/16

Michael Ranney, CRC-R, LMHC
Commissioner
Erie County Department of Mental Health
EDWARD A. RATH COUNTY OFFICE BUILDING
95 FRANKLIN STREET
BUFFALO, NEW YORK 14202

COUNTY OF ERIE, NEW YORK
REQUEST FOR PROPOSALS (“RFP”)

RFP#1622VF

**TO PROVIDE COMMUNITY REINTEGRATION SERVICES FOR LONG
STAY BUFFALO PSYCHIATRIC CENTER PATIENTS**

I. INTRODUCTION

The County of Erie, New York (the “County”) is currently seeking Proposal Statements from qualified agencies interested in providing Long stay patients of Buffalo Psychiatric Center with community Reintegration services. Proposers interested in providing these services are invited to respond to this request. This RFP reflects the County’s practice of periodically putting new services out for the RFP process.

The applicant and subcontractors if applicable must be experienced with post discharge Reintegration inclusive of but not limited to: Inpatient, Outpatient, Housing and Mobile Reintegration team processes. A lead applicant who does not possess the experience with the target population may partner with another not for profit provider who can demonstrate such experience. Those not for profit 501 © 3 agencies who meet the above criteria are eligible to apply for this Request for Proposal. While only the lead applicant must be presently contracted with the Erie County Department of Mental Health, both the lead and, if applicable, the partnering agency must be 501 © 3 agencies.

It is anticipated that \$350,000 annualized will be available to support the provision of services as described herein. Funding for 2016 will be prorated to start-date.

It is the expectation that services awarded under the RFP will be implemented no later than 45 days post award announcement.

Justification of Need:

Within Erie County and surrounding counties, Buffalo Psychiatric Center serves several individuals who can benefit from targeted in-reach services to enhance and sustain Reintegration into the community. Services will be provided to support and teach those who may have significant medical comorbidities, limited independent living and social skills, complex cognitive impairments, criminal justice histories, and significant substance use disorders

Inpatient Services:

- 80 inpatients have a length of stay of 12 months or longer (49% of census).
- 40 inpatients are under the age of 65 and do not have a legal status of CPL 330.20 and have a length of stay of 12 months or greater (24% of census).
- 23 inpatients have a legal status of CPL 330.20 (15% of census).
- 19 inpatients are appropriate for an assisted living or nursing home level of care (12% of census).

Residential Services:

- 96 residents have a length of stay of 12 months or longer (53% of census).
- 9 residents have a legal status of CPL 330.20 (5% of census).
- 19 residents are appropriate for an assisted living or nursing home level of care (10% of census).

The grant proposes the development of a **Community Reintegration Team** that is interdisciplinary and collaborative to support long stay recipients of the Buffalo Psychiatric Center to reintegrate into the community. **Services will start with in-reach services and continue through the transition process and post-discharge Reintegration. Services upon discharge will be in the individuals environment. Interventions will be individualized.** These services will begin at BPC and will transition to the individuals environment once the patient is discharged. The team will collaborate with inpatient, outpatient, housing and the Mobile Reintegration Team staff. Services will be individualized, person-centered, culturally competent and recovery oriented. Evidence based practices will be utilized and interventions will be trauma informed.

This team will provide support to those long stay recipients that will be discharged from the Buffalo Psychiatric Center's inpatient facility or residential services to live in housing settings within the housing continuum of the community they are returning to. The team will also provide support to long stay recipients that are transitioning to nursing homes and assisted living opportunities. Upon discharge these services must occur in the individuals environment.

This team will work closely with BPC's Community Reintegration Coordinator, as well as inpatient and outpatient teams. A member of the Community Reintegration Team (CIT) will attend a weekly Long Stay Committee, Transitions meeting, and Residential Round Table meeting facilitated by staff of Buffalo Psychiatric Center, or as otherwise indicated for the successful delivery of the service described herein. Post discharge CIT staff will attend team meetings and will regularly communicate on a regular basis with the consumer, housing and treatment service providers, and additional supports to ensure that skill development remains appropriately targeted and at the right intensity level to facilitate successful Reintegration and stability.

The significant majority of long stay recipients originate from Erie County. Those long stay recipients from neighboring counties will be served by the BPC Mobile Reintegration Team, which will provide the necessary on-going post-discharge support. The Community Reintegration

Team will provide transition services prior to discharge to those from other counties in collaboration with the Mobile Reintegration Team.

Team Composition and Schedule: The Buffalo Psychiatric Center was consulted with and informed of the team composition. In order to ensure availability to the recipient and the support staff in residential and nursing facility settings, team members will work a flexible hours, allowing them to be available during the day to meet with clinical teams and in the evenings and weekends when many other service providers are unavailable.

The team will consist of 5.5 FTE staff. It is expected the team will include 1 Registered Nurse (reinforce medication self-administration education), 1 Licensed Occupational Therapist (to perform standardized testing, i.e. Independent Living Scale assessment), 1 Certified Occupational Therapy Assistant (to perform skill building training), and 2.5 Peer staff (to encourage, support and facilitate skill building and Reintegration). The service recipient and team will jointly develop a transition plan. Staff with experience and a strong interest and commitment in working with individuals with serious mental illness will be preferred. Services will begin at BPC and transition to the individuals environment once the patient is discharged.

Examples of Team Tasks:

1. Meet with designated long stay recipients to develop trust and rapport.
2. Meet with clinical team and patient to develop a transition plan.
3. Work with patient on independent living skill development in collaboration with inpatient and residential providers as needed.
4. Accompany to site visits and help recipient increase their confidence and comfort level on community outings.
5. Ongoing support for maintenance of self-administration of medication skills.
6. Work with residential staff to increase their effectiveness and decrease their anxiety through modeling, individual and group training, and care planning.
7. Be onsite to facilitate the provision of support, in home care, and crisis intervention and transition these services to the individuals environment once they have been discharged.

Expected Impact:

- It is anticipated that the team will minimally facilitate 35 recipients transition to the community annually.
- The large majority will maintain community Reintegration at the 6 month post discharge from the community Reintegration team milestone.
- The majority of recipients will successfully transition to the community without additional Psychiatric Emergency Room presentations or Psychiatric Inpatient admissions, for six or more months.

It is the County's intent to select the Proposer that provides the best solution for the County's needs.

The County reserves the right to amend this RFP. The County reserves the right to reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive formalities, if such action is deemed to be in the best interest of the County. The County

reserves the right to request additional information from any proposer. The County reserves the right to award negotiated contracts to one or more proposers.

This RFP is not intended and shall not be construed to commit the County to pay any costs incurred in connection with any proposal or to procure or contract with any firm.

The County will only contract with firms that do not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status or any other status protected by New York State and Federal laws.

II. PROPOSAL PROCEDURES

A. ANTICIPATED SCHEDULE OF PROPOSAL

The following schedule is for informational purpose only. The County reserves the right to amend this schedule at any time.

| | |
|---|--|
| Issue RFP | May 20, 2016 |
| Emailed Questions to Susan.Carson@erie.gov : | June 3, 2016 by 4 p.m. |
| Posting of responses to Emailed Questions by: | June 10, 2016 |
| Proposals Due: | June 24, 2016 by 3 p.m. |
| Selection Made: Approximately | July 22, 2016 |
| Contract Signed: | Following all necessary County approvals |

B. GENERAL REQUIREMENTS

1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation. Proposals shall be limited to (10) pages. All documents to include page numbers.

Proposals are to be packaged and ordered in the following manner.

- a) One page transmittal letter or memo on agency letterhead.
- b) ECDMH RFP Submission package Checklist (Attachment 1) on the top of the entire submission package (after agency transmittal letter).
- c) Signed agency Cover Sheet form- (form attached to this RFP). The original must have the original signature of the applicant organization's chief executive. Unsigned proposals will be rejected.

- d) Copy of the Board Resolution authorizing submission of this proposal (Attachment 2).
 - e) Attestation to participate in/corporate with the ECDMH system of care reform efforts- Labeled as (Attachment 3)
 - f) BPC to provide a letter that the proposer has reached out and discussed their intended plans. (Attachment 4)
 - g) If applicable, Memorandum of Understanding with partnering agency (Attachment 5).
 - h) Proposal Narratives. These are to be limited to no more than ten (10) pages. Please NOTE: The ten (10) limit on the Proposed Narratives does not apply to the additional pages compromised by the required Submission Package Checklist, Agency Cover Sheet, Budget Worksheet, and other required application materials which may have their own page limit specifications.
 - i) Budget Worksheet (Attachment 6).
 - j) Job Descriptions (Attachment 7).
 - k) If applicable, Certification letter indicating Certified Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) (Attachment 8).
 - l) If applicable, Proposer Company is 51% or more Veteran owned, (Attachment 9).
 - m) Disclosures of any employees/officers who are currently or were a county employee w/n one (1) year of response to the RFP (Attachment 10).
 - n) List and provide copies of the tools you will utilize to determine the required range, frequency and intensity of services that you will provide, necessary to successfully reintegrate. Provide copies of any related assessment or progress tools and label as (Attachment 11).
 - o) Signed Schedule A (Attached to this RFP).
 - p) Insurance Certifications, (form attached to this RFP as schedule B).
 - q) Signed and notarized Erie County Equal Pay Certification (form attached to this RFP as schedule C).
2. One (1) original and (6) copies shall be submitted. Proposals MUST be signed. Unsigned proposals will be rejected.
3. Submission of the proposals shall be directed to:

Michael Ranney, CRC-R, LMHC,
 Commissioner
 Erie County Department of Mental Health
 95 Franklin St, Rm. 1237

All proposals must be delivered to the above office on or before June 24, 2016 by 3:00 p.m. Proposals received after the above date and time will not be considered. The County is under no obligation to return proposals.

Requests for clarification of this RFP must be written and submitted via email to Susan Carson at Susan.Carson@erie.gov and with the Subject line BPC RFP# 1622VF

4. " and no later than 4 p.m on June 3, 2016. Formal written responses will be distributed by the County on or before June 10, 2016. NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY, EXCEPT FOR THE FORMAL WRITTEN RESPONSES TO ANY REQUEST FOR CLARIFICATION.
5. Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Those proposers will be notified to arrange specific times.
6. No proposal will be accepted from nor any agreement awarded to any proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.
7. Certified Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) proposers should include the Erie County certification letter with the proposal.
8. If proposer is a Veteran Owned Business, proposer should include letter indicating company is 51% or more Veteran-owned.

All proposers submitting proposals must include a cost proposal in a separate sealed envelope clearly labeled with the proposer name, due date of proposal, proposal name ("BPC Reintegration" RFP #1622VF ") and Cost Proposal.

**ERIE COUNTY DEPARTMENT OF MENTAL HEALTH
COMMUNITY REINTEGRATION SERVICES FOR LONG STAY BUFFALO
PSYCHIATRIC CENTER PATIENTS**

RFP# 1622VF

AGENCY COVER SHEET FORM - APPLICANT INFORMATION

(This is to be the top sheet for the entire application package.)

| | |
|------------------------------|---|
| Organization Name | Please list the official name of your organization. |
| Mailing Address | Please list the official address of your organization for mailing purposes; include city and ZIP code information. |
| Primary RFP Contact | Please provide name, telephone number, FAX number, email address and, complete mailing address if different than organization mailing address above, for the primary contact for this proposal. Should you have a change in this information after submitting your application, please be sure to provide the updated information to weigele@erie.gov |
| Alternate RFP Contact | Please provide name, telephone number, FAX number, email address and, complete mailing address if different than organization mailing address above, for an alternate contact for this proposal. Should you have a change in this information after submitting your application, please be sure to provide the updated information to Susan.Carson@erie.gov |
| Leadership | Please list the name of your organization's Executive Director, President or Chief Executive Officer. If your organization has interim leadership, please list "Interim" in parentheses. |

Chief Executive Officer Signature (as identified above)

Date

Title

III. SCOPE OF PROFESSIONAL SERVICES REQUIRED

Applicants must currently contract with Erie County Department of Mental Health. In addition, the applicant must be experience with providing Community Reintegration inclusive of: Person Centered Case management, Community linkages including Housing, and but not limited to Occupational therapy. The targeted population are long term patients of the Buffalo Psychiatric Center's inpatient facility. A lead applicant who does not possess the experience with the target population may partner with another not for profit provider who can demonstrate such experience. Those not for profit 501 © 3 agencies who meet the above criteria are eligible to apply for this Request for Proposal. While only the lead applicant must be presently contracted with the Erie County Department of Mental Health, both the lead and, if applicable, the partnering agency must be 501 © 3 agencies.

The program must:

- Be officially ready to begin no later than 45 days post award date. Having received any and all governmental clearances and approvals.
- Have adequate space and resources to provide these services.
- Where applicable staff must pass, complete and satisfy the necessary background checks.
- Confirmation of the proposer contacting and reviewing their proposal with BPC.
- The applicant must be able to demonstrate the financial ability to cover personnel and facility costs (operating or leasing). For example have the reserves to begin this project financially for at least 60 days prior to the first requested invoice.
- Successful applicants will also be able to demonstrate the financial ability to deliver these services, at BPC and in the individuals environment, as well as activities and related supports that foster Reintegration into the community for these patients (See above).

Within Erie County and surrounding counties, Buffalo Psychiatric Center serves several individuals who can benefit from targeted in-reach services to enhance and sustain Reintegration into the community. Services will be provided to support and teach those who may have

significant medical comorbidities, limited independent living and social skills, complex cognitive impairments, criminal justice histories, and significant substance use disorders

Development of a **Community Reintegration Team** that is interdisciplinary and collaborative to support long stay recipients of the Buffalo Psychiatric Center to reintegrate into the community. **Services will start with in-reach services and continue through the transition process and post-discharge Reintegration.** Interventions will be individualized and transition to the individuals environment. . The team will collaborate with inpatient, outpatient, housing and the Mobile Reintegration Team staff. Services will be individualized, person-centered, culturally competent and recovery oriented. Evidence based practices will be utilized and interventions will be trauma informed.

This team will provide support to those long stay recipients that will be discharged from the Buffalo Psychiatric Center's inpatient facility to live in housing settings within the housing continuum of the community they are returning to. The team will also provide support to long stay recipients that are transitioning to nursing homes and assisted living opportunities.

This team will work closely with BPC's Community Reintegration Coordinator, as well as inpatient and outpatient teams. A member of the Community Reintegration Team will attend a weekly Long Stay Committee, Transitions meeting, and Residential Round Table meeting facilitated by staff of Buffalo Psychiatric Center, or as otherwise indicated for the successful delivery of the service described herein. Post discharge CTI staff will attend team meetings and will regularly communicate on a regular basis with the consumer, housing and treatment service providers, and additional supports to ensure that skill development remains appropriately targeted and at the right intensity level to facilitate successful Reintegration and stability.

The significant majority of long stay recipients originate from Erie County. Those long stay recipients from neighboring counties will be served by the BPC Mobile Reintegration Team, which will provide the necessary on-going post-discharge support. The Community Reintegration Team will provide transition services prior to discharge to those from other counties in collaboration with the Mobile Reintegration

Team Composition and Schedule: The Buffalo Psychiatric Center was consulted with and informed the team composition. In order to ensure availability to the recipient and the support staff in residential and nursing facility settings, team members will work a flexible hours, allowing them to be available during the day to meet with clinical teams and in the evenings and weekends when many other service providers are unavailable.

The team will consist of 5.5 FTE staff. It is expected the team will include 1 Registered Nurse (reinforce medication self-administration education), 1 Licensed Occupational Therapist (to perform standardized testing, i.e. Independent Living Scale assessment, 1 Certified Occupational Therapy Assistant (to perform skill building training), and 2.5 Peer staff (to encourage, support and facilitate skill building and Reintegration). The service recipient and team will jointly develop a transition plan. Staff with experience and a strong interest and commitment in working with individuals with serious mental illness will be preferred.

Examples of Team Tasks:

1. Meet with designated long stay recipients to develop trust and rapport.
2. Meet with clinical team and patient to develop a transition plan.

3. Work with patient on independent living skill development in collaboration with inpatient and residential providers as needed.
4. Accompany to site visits and help recipient increase their confidence and comfort level on community outings.
5. Ongoing support for maintenance of self-administration of medication skills.
6. Work with residential staff to increase their effectiveness and decrease their anxiety through modeling, individual and group training, and care planning.
7. Be onsite to facilitate the provision of support, in home care, and crisis intervention.

Expected Impact:

- It is anticipated that the team will minimally facilitate 35 recipients transition to the community annually.
- The large majority will maintain community Reintegration at the 6 month post discharge point from the community Reintegration team.
- The majority of recipients will successfully transition to the community without additional Psychiatric Emergency room presentations or Psychiatric Inpatient admissions

Resources Requested:

\$350,000 Annualized. Funding for the remainder of 2016 will be prorated to start-date.

Narrative Responses (Scoring Rubric Schedule D):

Note: When providing service via an MOU with another service provider you must respond to each question accordingly.

- 1) Describe the linkage and Reintegration activities you propose to provide to these long term residents of Buffalo Psychiatric Center:
 - a. Who is the target population, how will the grantee decide which patients are most appropriate for this program, support with, (inclusion criteria);
 - b. Once a participant is selected, describe the process you will utilize to determine the required range, frequency and intensity of services that you will provide, necessary to successfully reintegrate. How frequently will review of the service plan occur? Who will be involved and how will you do so? Provide copies of any related assessment or progress tools and label as Attachment 11. Detail the name(s) of the tools and why they were chosen. Detail the process as to how these tools define services to be offered. These will not count against the 10 page maximum. Where available, it is strongly encouraged that the Reintegration activities reference the research or evidence indicating their effectiveness for the target population;
 - i. Describe this process prior and up to discharge from the State Facility

- ii. **Describe this process post discharge;**
 - iii. **Although services will be unique to each individual and will deviate from this list, please provide a menu of services that you anticipate will be provided.**
 - c. **If partnering with another agency, detail who/what agency will provide these services;**
 - d. **What community outreach/involvement will be included to ensure successful Reintegration? How services will be provided in the individuals environment, and how will this occur;**
 - e. **Detail how you will work with the participant and BPC to determine the appropriate level of housing. Describe how you will collaborate with the recipient and housing provider to ensure transition planning is incorporated in housing selection.**
 - f. **Detail the community outreach/supports that you will be linking the participant to ensure Reintegration success after this service has ended. Describe the process.**
 - g. **What criteria will determine if the patient has successfully learned these necessary skills to live independently;**
 - h. **Describe the process and participants of who will be involved in determining the same;**
 - i. **Understanding that operational hours may change based on need, what do you anticipate the typical days and hours of operation to be and why;**
 - j. **Describe to what extent the BPC and community input was obtained and incorporated in the Reintegration activities. Detail how this input would improve the success of the grant;**
 - k. **Describe the plan for which services will be delivered in a culturally competent, person centered manner;**
 - l. **Describe how you intend to ensure that the services delivered are provided in a person-centered manner.**
- 2) Extent of Experience:**
- a. **Based on the services you have presented in question #1, please clearly and specifically describe your experience in working with transitioning adults with the goal of successful Reintegration within the target population. If you intend to work with another service provider provide documentation of their experience;**

- b. Describe your experience developing teams that are effective at achieving desired goals, especially with a diverse team such as that described herein.
- c. Describe your methods for, and related experience in, coordinating with local agencies, community supports, peer services, etc. to ensure plan of care is effectively developed and revised according to the needs/desires of the consumer. Also provide proposed metrics and data that supports your effectiveness;
- d. Describe your methods for, and related experience in, engaging and retaining patients with severe and profound mental illness in the targeted services and provide data that supports your effectiveness;
- e. If working with another service provider provide a signed Memorandum of Understanding that details the roles and responsibilities of each party. If applicable, attach and label as (Attachment #5).

3) Implementation :

- a. Evidence that these services will be implemented no later than forty five days post award.;
- b. Documentation of BPC awareness of provider and proposal: (Attachment #4);
- c. Indicate if your agency will be the provider of these services or will be subcontracting with another service provider.
- d. Describe your plan to have adequate staffing in place to provide the services described in the RFP within forty five days post award.
- e. Describe your history and experience with meeting implementation deadlines for new services. Please provide specifics.

4) Outcomes and Data Reporting:

- a. What will your capacity be to provide Reintegration services to the targeted patients at any one time;
- b. It is anticipated that the team will minimally facilitate 35 recipients transition to the community annually.
- c. The large majority will maintain community Reintegration at the 6 month post discharge from the community Reintegration team milestone. Indicate what percentage you expect to achieve and why?

- d. The majority of recipients will successfully transition to the community without additional Psychiatric Emergency room presentations or Psychiatric Inpatient admissions for six months or more. Indicate what percentage you expect to achieve and why?
- e. Provide at least two additional outcome measures that are clear, relevant, and specific. For each what is the expected performance level and why?
- f. For each of the measures above, describe how you will accomplish these measures. Describe the process of gathering data and tracking these discharged participants in the data collection process.
- g. To the extent that you have historical data related to proposed objectives serving the target population or similar, please provide the last two years historical data.
- h. Describe your agencies culture with respect to its ability to collect, review, report and analyze data in a timely manner that facilitates quality improvement. What QI practices are going to be utilized and implemented to ensure that identified outcomes are being successfully achieved and/or corrective plans put in to place to meet identified outcomes?

5) Budget (please be sure to also complete the provided Budget Worksheet)

- a. Provide detail of how the staffing and costs presented on the budget worksheet will realistically support the provision of services to the target population and the achievement of the related outcomes described in your proposal.
- b. Provide Job Descriptions for the staff proposed to be funded through this RFP. Label as Attachment 7.

IV. STATEMENT OF RIGHTS

UNDERSTANDINGS

Please take notice, by submission of a proposal in response to this request for proposals, the proposer agrees to and understands:

- that any proposal, attachments, additional information, etc. submitted pursuant to this Request for Proposals constitute merely a suggestion to negotiate with the County of Erie and is not a bid under Section 103 of the New York State General Municipal Law;

- submission of a proposal, attachments, and additional information shall not entitle the proposer to enter into an agreement with the County of Erie for the required services;
- by submitting a proposal, the proposer agrees and understands that the County of Erie is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;
- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County of Erie, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Erie County Legislature, the Erie County Fiscal Stability Authority, and the Office of the Erie County Attorney.

In addition to the foregoing, by submitting a proposal, the proposer also understands and agrees that the County of Erie reserves the right, and may at its sole discretion exercise, the following rights and options with respect to this Request for Proposals:

- To reject any or all proposals;
- To issue amendments to this RFP;
- To issue additional solicitations for proposals;
- To waive any irregularities in proposals received after notification to proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the proposers for amendments or other modifications to their proposals;
- To conduct investigations with respect to the qualifications of each proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- To interview the proposer(s);
- To request or obtain additional information the County deems necessary to determine the ability of the proposer;
- To modify dates;
- All proposals prepared in response to this RFP are at the sole expense of the proposer, and with the express understanding that there will be no claim, whatsoever, for reimbursement from the County for the expenses of preparation. The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;

- While this is a RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a proposer is a responsible vendor for the purpose of this RFP process;
- The County is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time stamped prior to the deadline.

EVALUATION

The following criteria, not necessarily listed in order of importance, will be used to review the proposals. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate:

- Proposer's demonstrated capability to provide the services.
- Evaluation of the professional qualifications, personal background and resume(s) of individuals involved in providing services.
- Proposer's experience to perform the proposed services.
- Proposer's financial ability to provide the services.
- Evaluation of the proposer's fee submission. It should be noted that while price is not the only consideration, it is an important one.
- A determination that the proposer has submitted a complete and responsive proposal as required by this RFP.
- An evaluation of the proposer's projected approach and plans to meet the requirements of this RFP.
- The proposer's presentation at and the overall results of any interview conducted with the proposer.
- Proposers MUST sign the Proposal Certification attached hereto as Schedule "A". Unsigned proposals will be rejected.
- Proposers may be required to give an oral/written presentation to the County to clarify or elaborate on the written proposal.
- No proposal will be accepted from nor any agreement awarded to any proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

CONTRACT

After selection of the successful proposer, a formal written contract will be prepared by the County of Erie and will not be binding until signed by both parties and, if necessary, approved by the Erie County Legislature, the Erie County Fiscal Stability Authority and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE ERIE COUNTY LEGISLATURE AND/OR THE ERIE COUNTY FISCAL STABILITY AUTHORITY FOR APPROVAL. THE APPROVAL OF SAID LEGISLATURE AND/OR AUTHORITY MAY BE NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

The initial term of the contract shall be for the remaining calendar year commencing with the date of the award announcement. The County in its sole discretion may terminate the contract prior to the one year anniversary commencement for cause.

The County in its sole discretion may extend the contract beyond its initial term for up to a five (5) additional one (1) year periods at the same prices and conditions.

INDEMNIFICATION AND INSURANCE

The proposer accepts and agrees that language, in substantially the following form, will be included in the contract between the proposer and the County:

“In addition to, and not in limitation of the insurance requirements contained herein the Consultant agrees:

- (a) that except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County, the Consultant shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the acts or omissions hereunder by the Consultant or third parties under the direction or control of the Consultant; and
- (b) To provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.

Upon execution of any contract between the proposer and the County, the proposer will be required to provide proof of the insurance coverage described in Schedule “B”.

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County Attorney.

INTELLECTUAL PROPERTY RIGHTS

The proposer accepts and agrees that language, in substantially the following form, will be included in the contract between the proposer and the County:

All deliverables created under this Agreement by the Consultant are to be considered “works made for hire”. If any of the deliverables do not qualify as “works made for hire”, the Consultant hereby assigns to the County all right, title and interest (including ownership of copyright) in such deliverables and such assignment allows the County to obtain in its name copyrights, registrations and similar protections which may be available. The Consultant agrees to assist the County, if required, in perfecting these rights. The Consultant shall provide the County with at least one copy of each deliverable.

The Consultant agrees to indemnify and hold harmless the County for all damages, liabilities, losses and expenses arising out of any claim that a deliverable infringes upon an intellectual property right of a third party. If such a claim is made, or appears likely to be made, the Consultant agrees to enable the County’s continued use of the deliverable, or to modify or replace it. If the County determines that none of these alternatives is reasonably available, the deliverable will be returned.

All records compiled by the Consultant in completing the work described in this Agreement, including but not limited to written reports, source codes, studies, drawings, blueprints, negatives of photographs, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, shall become and remain the property of the County. The Consultant may retain copies of such records for its own use.]

NON-COLLUSION

The proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Erie, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

CONFLICT OF INTEREST

All proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County of Erie. Further, all proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent or more in the firm or any of its subsidiaries or affiliates.

There shall be no conflicts in existence during the term of any contract with the County. The existence of a conflict shall be grounds for termination of a contract.

COMPLIANCE WITH LAWS

By submitting a proposal, the proposer represents and warrants that it is familiar with all federal, state and local laws and regulations and will conform to said laws and regulations. The

preparation of proposals, selection of proposers and the award of contracts are subject to provisions of all Federal, State and County laws, rules and regulations.

CONTENTS OF PROPOSAL

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84 et seq., mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall:

- a) Insert the following notice in the front of its proposal:

“NOTICE

The data on pages_____ of this proposal identified by an asterisk (*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the proposer’s competitive position.

The proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law.”

and

- b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page " * **THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW.**"

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

EFFECTIVE PERIOD OF PROPOSALS

All proposals must state the period for which the proposal shall remain in effect (i.e. how much time does the County have to accept or reject the proposal under the terms proposed). Such period shall not be less than 180 days from the proposal date.

SCHEDULE "A"

PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County of Erie for the required services. The undersigned agrees and understands that the County of Erie is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County of Erie, its directors, officers, employees or agents unless an agreement is signed by a duly authorized officer of the County of Erie and, if necessary, approved by the Erie County Legislature and Erie County Fiscal Stability Authority and the Office of the County Attorney.

It is understood and agreed that the County of Erie reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County of Erie reserves all rights specified in the Request for Proposals.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County of Erie is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Name

By: _____
Name and Title

Insured, the Issuing company will endeavor to mail _____ days advance written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

| | |
|--|---|
| VIII. Name and Address of Certificate Holder & Recipient of Notice: County of Erie c/o Department of Law 69 Delaware Avenue Suite # 300 Buffalo, NY 14202 716-858-2200 | Date Issued _____ Auth. Representative _____ Firm name & address _____ _____ |
| FOR COUNTY USE ONLY: | Name of County Dept. Requesting Certificate _____ Purchase Order or Contact Number _____ Vendor Insurance Classification _____ |

County of Erie Standard Insurance Certificate

LAW-1 INS (Rev. 3/06)



This certificate does not amend, extend or alter the coverage afforded by the standard form policies listed below.

| | | |
|---|--|--|
| I Insured Name _____ Address _____ Zip _____ Phone No. _____ | | III Companies Affording Coverages A _____ B _____ C _____ D _____ |
| II Issuing Agency Name _____ Address _____ Zip _____ Phone No. _____ | | |

IV This is to certify that the policies listed below have been issued to the insured named above and are in force at this time.

| Indicate Type of Insurance By Checking the Box | | Policy Number | Effective Date & Expiration | Limits of Liability in Thousands | | |
|--|--|---------------|-----------------------------|---|------------|-----------|
| | | | | Check the Box | Occurrence | Aggregate |
| Company Letter - from III above | 1. General Liability <input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises and Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Contractual <input type="checkbox"/> Personal Injury <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Explosion, Collapse <input type="checkbox"/> Underground Hazard | | | <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage OR <input type="checkbox"/> Combined Single Limit | | |
| | 2. Automobile Liability <input type="checkbox"/> Comprehensive Form OR <input type="checkbox"/> Schedule Form <input type="checkbox"/> owned <input type="checkbox"/> hired <input type="checkbox"/> non-owned | | | <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage OR <input type="checkbox"/> Combined Single Limit | | |
| | 3. Excess Liability <input type="checkbox"/> Umbrella Form OR <input type="checkbox"/> other than umbrella <input type="checkbox"/> auto <input type="checkbox"/> general <input type="checkbox"/> both | | | Bodily Injury & Property Damage Combined \$ _____ Self Insured Retention \$ _____ | | |
| | 4. Worker's Compensation & Employer's Liability Disability Benefits | | | Statutory Statutory | | |
| | 5. Other <input type="checkbox"/> | | | | | |

V. County of Erie is included as an additional insured under the following Policy numbers:

VI. Description of Operations: It is understood that this coverage on behalf of the insured is for all locations in the County of Erie, NY.

VII. Cancellation/Non-Renewal: Should any of the policies noted above be cancelled before expiration thereof or not renewed by the insured, the issuing company will endeavor to mail _____ days advance written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

| | |
|--|--|
| VIII. Name and Address of Certificate Holder & Recipient of Notice: County of Erie c/o Department of Law 89 Delaware Avenue Suite # 300 Buffalo, NY 14202 716-858-2200 | Date Issued _____ Auth. Representative _____ Firm name & address _____ |
|--|--|

| | |
|---|--|
| FOR COUNTY USE ONLY: Name of County Dept. Requesting Certificate _____ Purchase Order or Contact Number _____ Vendor Insurance Classification _____ | |
|---|--|

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INSTRUCTIONS FOR COUNTY OF ERIE STANDARD INSURANCE CERTIFICATE

- I. Insurance shall be procured and certificates delivered before commencement of work or delivery or merchandise or equipment.
- II. CERTIFICATES OF INSURANCE
 - A. Shall be made to the "County of Erie, Dept. of Law, Suite 300, 69 Delaware Ave., Buffalo, N.Y. 14202."
 - B. Coverage must comply with all specifications of the contract.
 - C. Executed by an insurance company, agency or broker, which is licensed by the Insurance Department of the State of New York. If executed by a broker, notarized copy of authorization to bind or certify coverage must be attached.
- III. Forward the completed certificate to : County of Erie, (Department or Division) responsible for entering into the agreement for construction, purchase, lease or service.
- IV. Minimum coverage with limits are as follows:

| Vendor Classification | A Construction and Maintenance | B Purchase or Lease of Merchandise or Equipment | C Professional Services | D Property Leased To Others Or Use Of Facilities Or Grounds | E Concession-Aires Services | F Livery Services | G All Purposes Public Entity Contracts |
|---|-----------------------------------|--|----------------------------------|--|----------------------------------|----------------------------------|---|
| Comp. Gen. Liab. | \$1,000,000 | \$500,000 CSL | \$500,000 CSL | \$1,000,000 | \$500,000 CSL | \$1,000,000 | \$500,000 CSL |
| - Prem. & OPS | INCLUDE | | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| - Prods. & Comp. OPS | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| - Independ. Contract. | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| - Contractual | INCLUDE | | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| - Broad Form P.D. | INCLUDE | Note: Comprehensive Form Not Required | | | | | See note below |
| - X.C.U. | | | | | | | |
| - Personal Injury | | | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| - Liquor Law | | | | INCLUDE | see note below | | |
| - Host Liquor | | | | | | | INCLUDE |
| Auto Liab. | \$1,000,000 CSL | | \$1,000,000 CSL | \$1,000,000 CSL | \$1,000,000 CSL | \$1,000,000 CSL | \$1,000,000 CSL |
| - Owned | INCLUDE | | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| - Hired | INCLUDE | | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| - Non-Owned | INCLUDE | | INCLUDE | INCLUDE | INCLUDE | INCLUDE | INCLUDE |
| Excess Umbrella Liab. | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | see note below | | | | | | see note below |
| Worker's Compensation & Employers Liability | STATUTORY | STATUTORY | STATUTORY | STATUTORY | STATUTORY | STATUTORY | |
| Disability Benefits | STATUTORY | STATUTORY | STATUTORY | STATUTORY | STATUTORY | STATUTORY | |
| Professional Liab. | | | \$1,000,000 | | | | |
| Erie County To Be Named Add'l Insd. On | Gen. Liab., Auto Liab., & Excess | Broad Form Vendors May Be Required | Gen. Liab., Auto Liab., & Excess | Gen. Liab., Auto Liab., & Excess | Gen. Liab., Auto Liab., & Excess | Gen. Liab., Auto Liab., & Excess | Gen. Liab., Auto Liab., & Excess |

* Construction contracts require excess Umbrella Liability limits of \$3,000,000.

** Snow removal contracts require evidence of broad form property damage.

*** In the event the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is required.

**** Transportation of people in buses, vans or station wagons requires \$3,000,000 excess liability.

NOTE: Workers Compensation & Employers Liability plus NYS Disability Benefits does not apply to self employed individuals.

V. In some circumstances it will be necessary to require alternate coverage and limits which will be defined in the bid specifications, contract, lease or agreement. The alternative specifications should be evidenced on the certificate in lieu of the standards printed above.

VI. The "ACORD" form certificate may be used in place of the County of Erie Standard Insurance Certificate, provided that all of the above referenced requirements are incorporated into the "ACORD" form certificate.

Schedule C

Erie County Equal Pay Certification

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

We have evaluated wages and benefits to ensure compliance with the Equal Pay Law. We certify that we have not been the subject of an adverse finding under the Equal Pay Law within the previous five years and, in the alternative, if we were the subject of an adverse finding under the Equal Pay Law within the previous five years, we have annexed a detailed description of the finding(s). In addition, we have annexed a detailed description of any currently pending claims under the Equal Pay Law in which we are involved.

Signature

Verification

STATE OF _____)
COUNTY OF _____) SS:

A)

_____, being duly sworn, states he or she is the owner of (or a partner in) _____, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge.

B)

_____, being duly sworn, states that he or she is the Name of Corporate Officer _____, of _____, Title of Corporate Officer Name of Corporation the enterprise making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation.

Sworn to before me this _____

Day of _____, 20__

Schedule D

**Erie County Department of Mental Health
COMMUNITY REINTEGRATION SERVICES FOR LONG STAY
BUFFALO PSYCHIATRIC CENTER PATIENTS**

RFP# 1622VF

Scoring Tool

| |
|-----------------------|
| Agency Name: |
| Date Reviewed: |
| Reviewer Name: |

BPC Reintegration Scoring tool

| Section 1: Service Provision Note: When providing service via an MOU with another service provider you must respond to each question accordingly. | |
|--|---|
| 1a Service Provision | <p>In this section clearly describe the Reintegration activities to the Buffalo Psychiatric Centers Long Stay Patients, that you propose to provide within the context and funding allocated within this RFP. This should include the target population.</p> <p>Once a participant is selected, describe the process you will utilize to determine the required range, frequency and intensity of services that you will provide, necessary to successfully reintegrate. How frequently will the review of the service plan occur? Who will be involved and how with the review occur? Provide copies of any related assessment or progress tools.</p> <p>These will not count against the 10 page maximum. Where available, it is strongly encouraged that the Reintegration activities reference the research or evidence indicating their effectiveness for the target population;</p> <ol style="list-style-type: none"> Describe this process prior and up to discharge from the State Facility Describe this process post discharge; inclusive of the services provided in the individuals environment. Although, services will be unique to each individual and will deviate from this list, please provide a complete menu of services that you anticipate will be provided. <p>Lastly, describe how these linkage and Reintegration services are intended to be addressed, and which objectives will be addressed. Provide a rationale for the link between assessment and each service the particular participant will take part in.</p> |
| 1a. Scoring | <p>0= Did not answer, or did not include all required information. Responses are missing or generic.</p> <p>1=Response does not contain a clear narrative of population, which activities will be provided, intensity and duration; and/or the link between these services and participants and the related objective(s) is not clear; Reintegration process, service planning, capacity and/or number of adults projected to be served either not specific or realistic.</p> |

| | |
|------------------------------|---|
| | <p>5= Response is clear; projections of population, capacity, services, Reintegration, and service planning appear realistic and well justified. Target population fits the intention and eligibility of the RFP. Detail of follow up after discharge services is present.</p> <p>10= Response goes beyond what is identified above. There is a very clear description and flow of the; population, process, services, linkage and Reintegration assessment, service planning and criteria. Goal planning and activities to be provided, frequency, and outcomes. A direct link to how the services will address the patients Reintegration needs. Citations of supporting research or evidence are provided.</p> |
| 1b. Service Provision | <p>Understanding that operational hours may change based on need, what do you anticipate the typical days, hours and services of operation to be and why;</p> <p>Describe to what extent communities and BPC's input was obtained and incorporated in the above "menu" of services;</p> <p>Describe the scope, frequency, manner and physical environment in which such services will be provided at BPC and in the individuals environment for post discharged participants.</p> <p>Describe the plan for which the assessments and services will be delivered in a culturally competent manner;</p> <p>For this proposal how many unduplicated adults do you project to serve on an annualized basis; for each identify what the service capacity(number of participants) will be at any one-time. Provide a rationale for each.</p> |
| 1b. Scoring | <p>0= Did not answer, or did not include all required information. Responses are missing or generic.</p> <p>1=Response does not clearly or fully respond to each of the questions listed above for the lead applicant and/or, if the service will be provided via an MOU with another service provider, for that organization. General responses to : hours, location, and frequency of services. Cultural competent assessment and provision of services not addressed. Community and BPC input not detailed.</p> |

| | |
|--|--|
| | <p>5= Response is clear, there is evidence and specifics that the community was provided with information about the population, intention of this initiative and where provided. There was an opportunity to inform BPC staff and patients of these activities, and hours of operation. Description provides confidence that services will be provided in a culturally competent manner. Hours, services in the individual's environment are detailed. The frequency and the manner in which these services occur are addressed. Community and BPC input is detailed.</p> <p>10= Response goes beyond what is identified above. There is detailed information about the extent of community involvement and related data about their input with strong alignment of Community providers and BPC Staff. Detail meetings with BPC regarding Reintegration strategy. BPC recommendations as to the the most appropriate services for these patients. Data and outcomes supports a history of providing culturally competent service delivery. Assessment and services follow a projected longitudinal path based on need and service planning and review of such.</p> |
| Scoring for Section 1 | |
| 1a. = | |
| 1b. = | |
| Total Section 1, Service Provision= | x Weight of 2.5= |
| Reviewer Comments: | |

Section 2: Extent of Experience

Note: When providing service via an MOU with another service provider you must respond to each question accordingly.

| | |
|--------------------------------|--|
| 2. Extent of Experience | Based on the services you have presented in question #1, please clearly and specifically describe your experience and outcomes working with community Reintegration |
|--------------------------------|--|

| | |
|------------|--|
| | <p>services. Detail your experience working with discharged patients of BPC Ie; the target population. If you intend to work with another service provider provide documentation of their experience and outcomes;</p> <p>Describe your methods for and related experience in reaching out to the community to market the services. Detail any experience working with BPC patients to craft services that are person centered. Provide data that supports your effectiveness;</p> <p>Describe your methods for and related experience in engaging and retaining high risk high need patients in these targeted services. Provide data that supports your methods and effectiveness; Detail what and how community resources will be utilized. Include Peer resources.</p> <p>If working with another service provider provide a signed Memorandum of Understanding that details the roles and responsibilities of each party. If applicable, attach and label as Attachment #5.</p> |
| 2. Scoring | <p>0= Did not answer, or did not include all required information. Responses are missing or generic.</p> <p>1=Response does not clearly or fully respond to each of the questions listed above for the lead applicant and/or, if the service will be provided via an MOU, with another service provider for that organization. If applicable, MOU may be present but it does not clearly delineate and describe for this BPC discharged population; engagement strategies, service planning, services, methods for achieving goals, data compilation and outcomes. Peer services are not adequately addressed. Expereinces, BPC and community input, and resources are not clearly detailed.</p> <p>5=Response is clear. There is clear evidence that the service provider or, if applicable, the partner agency as indicated on the MOU has a history in providing to this population; engagement, service planning, services, and achieving goals. Collecting data and producing outcomes. Utilization of peer related services or supports to the target population. Applicant has documented ability to effectively assess, engage and link to the target population in the community in which they serve, and to, retain adults. To</p> |

| | |
|---|--|
| | <p>divert Adults from additional inpatient stays. If applicable an MOU is present and clearly describes roles and responsibilities. Collaborative efforts with community, BPC and other resources is documented.</p> <p>10= Response goes beyond what is identified above. Clear understanding of identification, engagement, service planning services, and data outcomes is present. Current utilization of peer services. Historical experience with this population and data outcomes . Response provides documented evidence of a history of that the service provider or, if applicable, the partner agency as indicated on the MOU, has a history in providing related services or supports to the target population. Data is presented that supports effective service delivery. Applicant provided data to support effective marketing, engagement and retention of the target population in services that will be provided within the context of, or similar to, this RFP. Progamatic details of the above areas are clearly defined with an integrated plan to utilize these.</p> |
| Scoring for Section 2: | |
| Total Section 2, Extent of Experience: | x Weight of 2= |
| Reviewer Comments: | |

Section 3: Implementation and Location

Note: When providing service via an MOU with another service provider you must respond to each question accordingly.

| | |
|---------------------------------------|---|
| 3. Implementation and Location | <p>Services will be provided at BPC and in the discharged individual's environment. Detail how you plan on implementing this.</p> <p>Evidence that the location will be ready for service delivery no later than 45 days post award announcement.</p> <p>Documentation of BPC awareness and communication of this proposal.(Attachment #4) ;</p> <p>Describe your plan to have adequate staffing in place to provide the services described in the RFP no later than 45 days post award announcement. Detail provisions for BPC and community based services.</p> <p>Describe your history and experience with meeting implementation deadlines for new services. Detail your history and experience working with BPC.</p> |
| 3. Scoring | <p>0= Did not answer, or did not include all required information. Responses are missing or generic.</p> <p>1=Response does not clearly detail or fully respond to each of the questions listed above for the lead applicant and/or, if the service will be provided via an MOU, with another service provider for that organization. If applicable, MOU may be present but it does not clearly delineate the understanding of; Service delivery, staffing, and implementation plan. The ability to implement service delivery by the target date of Post 45 days post award date.</p> <p>5= Response is clear. Location in the individuals and BPC's is defined. The fiscal support to finance the location is provided. There is clear evidence that the service provider and/or, if applicable, the partner agency as indicated on the MOU has a history of implementing</p> |

| | |
|--|---|
| | <p>programs within the targeted time frame. Staffing plan and readiness support the same. Ability to implement the service is present. If applicable an MOU is present and supports the start-up time frames. Evidence of BPC and community support for the provision of these listed services to the target population is provided.</p> <p>10=Location individuals and BPC's is already available and provides adequate facilities for the provision of these listed services. Input from BPC is utilized to choose this space. Proximity to the target population is defined. The nature of the program make it flexible for future or unforeseen needs. There is reasonable belief that the evidence of fiscal support to sustain these services is in place.</p> <p>Staffing, services and location is sustainable for the foreseeable future. Evidence of community and BPC support for the provision of these services to the target population is provided and it is very clear that the community understands the nature and extent of what will be offered. Evidence of community support is broad (multiple community organizations, local council, persons office, etc.)</p> |
| Scoring for Section 3 | |
| Total Section 3, Implementation and Location: x Weighting of 1= | |
| Reviewer Comments: | |

| | |
|--|--|
| <p align="center">Section 4: Outcomes and Data Reporting</p> <p>Note: When providing service via an MOU with another service provider you must respond to each question accordingly.</p> | |
| <p align="center">4. Outcomes and Data Reporting</p> | <p>For each of the following objectives, indicate your projected target level of achievement and rationale for the</p> |

| | |
|-------------------|--|
| | <p>same.</p> <ul style="list-style-type: none"> • It is anticipated that the team will minimally facilitate 35 recipients transition to the community annually. • ___% who will maintain community Reintegration at the 6 month post discharge from the community Reintegration team milestone. ECDMH expects this to minimally be a majority. • ___% of recipients will successfully transition to the community without additional Psychiatric Emergency Room presentations or Psychiatric Inpatient admissions for at least six month post placement. ECDMH expects that this would minimally be a majority. • Add one additional outcome that is relevant and can speak to the success of this service. <p>The agency chosen measure should clearly describe the tool(s) or measure to be utilized, why it was chosen, the operational definition of the objective, any local and national baseline data. For all measures be sure to display the projected level of achievement, and rationale for the same; <u>The numerator and denominator should be described in specific manner allowing for a clear and certain understanding of the calculation to be performed;</u></p> <p>To the extent that you have historical data related to proposed objectives serving the target population or similar please provide the last two years historical data.</p> <p>Describe your agency's culture with respect to its ability to collect, review, analyze and report data in a timely manner that facilitates quality improvement. What QI practices are going to be utilized and implemented to ensure that identified outcomes are being successfully achieved and/or corrective plans put in to place to meet identified outcomes? Detail how data is to be collected and stored.</p> <p>If applicable, the MOU should clearly delineate an understanding and responsibility to monthly data reporting to the lead agency.</p> |
| 4. Scoring | <p>0= Did not answer, or did not include all required information. Responses are missing or generic</p> |

| | |
|--|---|
| | <p>1=Response does not clearly or fully respond to each of the questions listed above for the lead applicant and/or, if the service will be provided via an MOU, with another service provider for that organization. Agency did not describe their QI history. Data compilation,outcome and goals not clear. Failure to show how the agency utilizes QI services and tools to improve outcomes. No historical data on this population is addressed. Agencies outcome(s) measures not addressed. If applicable, MOU may be present but it does not clearly delineate the expectations pertaining to data reporting and related QI efforts.</p> <p>5= Response is clear. QI tools, and systems to be utilized are reasonable with respect to the desired objective related to the Reintegration services. Measures to be utilized are clearly operationalized so that there is little doubt to the reviewer as to what will be measured, how, and for whom. Reasonable target levels of achievement are provided. Response contains a description of how the agency has utilized data in the past to improve service delivery. Data compilation meathods will be detailed.</p> <p>10= All the elements found for a score of 5 are present, plus historical data is present that helped inform projected targets. Quality of life indicators are addressed. Agency has adefined individual who is primarily responsible for data reporting, collection and analysis for QI. Objectives are clearly well defined and relevant, leading the reviewer to be confident in what will be measured, and how the effectiveness of the Reintegration services can be ascertained for the target population. Agency details how QI outcomes will be integrated into improving programs outcomes with in the scope of this grant.</p> |
| Scoring for Section 4 | |
| Total Section 4, Outcomes & Data Reporting: x Weighting of 2 = | |
| Reviewer Comments: | |

Section 5: Budget

Note: When providing service via an MOU with another service provider you must respond to each question accordingly.

| | |
|--|---|
| 5. Budget | <p>Provide a detailed description of how the staffing and costs presented on the budget worksheet document will realistically support the provision of services to the target population, serve the targeted number of individuals, meet the proposed capacity and facilitate the achievement of the related outcomes described in your proposal.</p> <p>Provide Job Descriptions for the staff proposed to be funded through this RFP. Label as Attachment 7.</p> |
| 5. Scoring | <p>0= Did not answer, or did not include all required information. Responses are missing or generic.</p> <p>1= Budget and related narrative does not provide detailed information in a manner that is clear, realistic, and/or supportive of the proposal. Job Descriptions and credentials are not clearly related to the intent and/or scope of services to be delivered.</p> <p>5= Budget and narrative are clear. The reviewer feels the information provided reasonably supports the proposal as presented. Staffing patterns, FTE's, and credentials are appropriate.</p> <p>10= Budget and narrative are clear. The reviewer is fully confident that the information presented is realistic, sustainable, detailed and will support the proposal as presented. No substantial concerns exist in any review of audited financial statements. Job descriptions, and credentials, are clear and a direct link to the services to be provided can be confidently made.</p> |
| Scoring for Section 5 | |
| Total Section 5, Budget: x Weighting of 1= | |

Reviewer Comments:

Total Score All Areas:

Agency Name:

Date Reviewed:

Reviewer Name:

Reviewer Signature:

Attachment 1

Erie County Department of Mental Health
Submission Completeness Checklist

| RFP# 1622VF BPC Reintegration | | Agency: |
|---|-------------------------------------|---------|
| Item: | Proposer Check to Verify Inclusion: | |
| One (1) original and five (6) copies Submitted by deadline of 3p.m. | | |
| One page transmittal letter or memo | | |
| ECDMH RFP Submission Package Checklist- Labeled as Attachment 1 | | |
| Signed Agency Cover Sheet Form | | |
| Copy of the Board resolution authorizing submission of this proposal- Labeled as Attachment 2 | | |
| Attestation to participate in/cooperate with the ECDMH system of care reform efforts- Labeled as Attachment 3 | | |
| Documentation of BPC awareness of the provider and proposal - Labeled as Attachment 4 | | |
| If Applicable, Memorandum of Understanding with partnering agency- Labeled as Attachment 5 | | |
| Proposal Narratives limited to no more than 10 pages. | | |
| Budget Work Sheet Attachment- Labeled as Attachment 6 | | |
| Job Descriptions - Labeled as Attachment 7 | | |
| If Applicable, Certification letter indicating Certified Minority Business Enterprise/Women's Business Enterprise (MBE/WBE)- Labeled as Attachment 8 | | |
| If Applicable, proposer company is 51% or more Veteran owned.- Labeled as Attachment 9 | | |
| Disclosures of any employees/officers who are currently or where a county employee w/n 1yr of response to RFP - Labeled as Attachment 10 | | |
| Proposer Certification, Schedule A | | |
| Standard Erie County Insurance Certificate , Schedule B | | |
| Equal Pay Certification- Schedule C | | |
| List and provide copies of the tools you will utilize to determine the required <u>range</u> , <u>frequency</u> and <u>intensity</u> of services that you will provide, necessary to successfully reintegrate. Provide copies of any related assessment or progress tools and label as Attachment 11. | | |

